A NAMUYI TIBETAN BREAST-HEALING RITUAL

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ABSTRACT
This paper describes a breast-healing ritual commonly practiced by Namuyi Tibetans, a little-studied sub-group of Tibetans in the southwest of Sichuan Province, PR China. It seeks to raise awareness of the healing knowledge and traditions of the traditional Namuyi Tibetan secular *ȵu²¹ȵu²¹ fu⁵⁴*, a breast-healing ritual generally performed by older women in dealing with swollen breasts and pain during the breastfeeding period. It is considered convenient and practical.

KEYWORDS
Namuyi Tibetan, mythology, women, breast pain, breast healing ritual

INTRODUCTION

The Himalayas are a continuing cradle of mythology and spirituality with a low per capita income and a high population growth rate. Many inhabitants depend on subsistence agriculture. Modern industrial expansion is still lacking. The Himalayas also host the world's three largest traditional medical systems: Ayurvedic, Chinese, and Unani. The use of herbal medicine dates back to the Indus Valley civilization in 2600 BC (Gupta et al. 2014).

Traditional wisdom, based on novelty, adaptation, and experimentation, is orally transmitted from one generation to another and may be methodological, social, organizational, or cultural, attained as experimentation intended for survival. Gupta et al. (2014:vii) comments:

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Maintaining good health by making use of traditional curative techniques and using herbs is as old as the history of humanity. Traditional health care systems originated much before the evolution of modern medicines. In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care.

Approximately 5,000 ~ 10,000 Namuyi Tibetans live along the eastern border of the Tibetan plateau (Sūn 1983; Gǔtāo and Wáng 2012), speaking Namuyi kʰa²¹tho²¹, which is classified as Qinangic (Jacques & Michaud 2011). Namuyi Tibetans are mainly distributed in Miǎnníng County, Mùlǐ Tibetan Autonomous County, Jiǔlóng County, and Xīchāng City in China's southwest Sìchuān Province.

The areas where Namuyi Tibetans live today have warm weather with a long growing season with snow once or twice a year. Before 1950, Namuyi Tibetans traditionally lived an agropastoral self-sufficient life. Rice, wheat, corn, barley, tobacco, and beans are locally cultivated; Yaks, cows, goats, water buffalo, horses, pigs, chickens, geese, ducks, mules, and donkeys are raised. Some families earn income by selling livestock, small amounts of grain, and wild mushrooms collected from nearby forests in summer.

In recent years, most young people under fifty, except those attending schools, derive cash income by working on construction crews organized by Hàn Chinse in different parts of China. In 2021, both men and women between the ages of thirty and forty have learned to operate tower cranes and as *xìnhào gōng* 'signal workers' because it is easier compared to extensive physical work and is considered less dangerous than construction work where there are regular reports of deaths from falling off tower cranes or from high buildings under construction.

Namuyi Tibetans speak Namuyi kha²¹tho²¹ at home and with other Namuyi Tibetans while speaking fluent Nuòsū with Nuòsū villagers during labor exchange and social events such as weddings and funerals. Sìchuān Chinese dialect is used in business communication with Hàn Chinese in shopping, village business dealings, and construction work outside the village.

The *pʰa⁵⁴tsə⁵⁴* is a religious specialist dealing with daily illness issues in Namuyi communities and is usually a male religious

practitioner. The $p^{h}a^{54}ts\partial^{54}$ profession is traditionally inherited from one's ancestors. Rituals for issues faced in daily life include rainmaking and human illness. Given the rapid growth and access to modern medicine and hospitals, most families first consult a formally trained doctor. Very few families consider inviting a $p^{h}a^{54}ts\partial^{54}$.

AIM OF THE ARTICLE

The Namuyi secular cultural accounts presented here offer a detailed account of a Namuyi Tibetan breast-healing ritual. Discussions of other Namuyi religious activities may be found in (Gǔtāo and Wáng Déhé 2012; Zhào Lìmíng 2016) that have focused on religious figures. This is the first study focusing on hidden cultural aspects practiced and participated in by ordinary locals lacking authority as religious practitioners. First, the breast-healing ritual belongs to secular culture addressing minor breast pain issues considered less important than "big" issues addressed by religious specialists, such as funerals, weddings, life-threatening illnesses, etc. Second, traditionally, women's issues are not openly discussed in public. For instance, it would not be considered negative and humiliating if men observed a woman's exposed breasts while receiving healing treatment.

This study is significant for young local Namuyi in raising awareness and re-evaluating their traditional cultures that have been mislabeled as "not culture," "backward," and "superstitious." In Namuyi communities, villagers often have a "logical" understanding that *Wǒ méi yǒu shàng guò xué, méi yǒu wén huà*, or "I don't have culture (knowledge) because I haven't been to school," including those born before 1960 who know many traditional songs, folktales, hunting skills, and possess skills needed to make farm tools and treat illness. Namuyi locals generally understand the traditional culture as 'outdated' or 'backward' rather than seeing it as "culture" and as significant as the culture and knowledge learned through modern educational institutions. I contend that those extremely knowledgeable of traditional songs and narratives that younger generations know little about are very

knowledgeable and equipped with rich culture.

Many villagers, especially those born before 1980, have negative attitudes toward traditional healing practices. Religious activities, particularly, are seen as *míxìn* superstition by many community members. *Mí* refers to 'a state of confusion', and *xìn* 信 refers to 'an act of belief'. Together, the literal translation refers to someone who 'believes in something with a confused mind'. This is of note from a linguistic perspective. Today, *míxìn* has entered the Namuyi language as a loan word and replaced the original term *mu* or to make a ritual, under the influence of the Cultural Revolution (1966-1976). *Míxìn* is thus a linguistic footprint of a novel understanding of traditional religious culture entering into this community and taking root in people's minds. However, the adoption of this term unconsciously does not mean that it has eliminated traditional and cultural forms of dealing with daily life issues via formal or informal activities because they are deemed effective and practical.

LITERATURE REVIEW

Biomedicine treats breast pain symptoms with hormone therapy and medicines. Griffith et al. (1987) reviewed 350 breast pain patients in City Hospital, Nottingham, UK, finding accurate classification of breast pain syndromes in eighty-nine percent. The most common syndrome was cyclical breast pain, accounting for fifty-four percent of the patients. This study found that accurate classification of breast pain symptoms is key to successful treatment. The largest group of patients were those complaining of cyclical breast pain. Treatment with the antigonadotrophin danazol was effective in sixty-six percent. Still, the rest had to be treated differently due to the reaction of having severe side effects such as headaches, weight gain, or muscle cramps. Griffith et al. (1987:540) pointed out that:

> ...the aetiology of this condition is unknown, but its clear relationship to the menstrual cycle has pointed to the female sex hormones as being responsible with perhaps an altered sensitivity of the breast as the target organ. The

antigonadotrophin danazol, which also has androgenic properties, was effective in 66% of our patients with this condition whilst the remainder responded to alternative agents.

The study also pointed out that many people think women's breast pain is trivial and unworthy of attention. However, if not handled correctly in time, it may lead to more significant issues such as breast cancer, disturbance of ordinary life, and deteriorating relationships within the family.

In China, breast pain has been examined with clinical experiment-based studies and treated with traditional Chinese therapy. Recovering time ranges approximately from seven days to one month. According to these studies (Huáng 2016; Zhào 2016; Chén 2021; Lǐ 2021, Zhū 2021), it shows effectiveness over various recovery periods. Huáng (2016) found that breast pain was caused by blood and air being blocked in the arteries and veins of the liver and spleen due to unstable emotions during breastfeeding. Huáng and others argue that it is more effective with fewer side effects if breast pain is treated with traditional Chinese therapy, e.g., massage, acupuncture, and traditional herbal medicine. Huáng made his argument based on research on Chinese traditional medicine therapy. His study of wet hot compress therapy (applying wet and hot medicinal herbs on breasts) on sixty patients showed a clinical result of a one hundred percent effectiveness rate after one month of treatment. He proposes that this therapy is an easy, fast, and effective clinical solution without danger and side effects. Chén (2021) conducted an experiment providing self-formulated massage to a group of patients. She concludes the acupuncture-point massage treatment to be effective after comparing the group results with another group that did not receive such massage treatment based on the degree of painfulness, duration of lactation, and quality of sleep. Similar studies on massage treatment also draw positive results by analyzing comparative data between two groups of patients with similar breast pain issues (Lǐ, 2021; Zhū, 2021). Zhào (2016) employed acupuncture (injecting needles in related acupuncture points on both breast areas) on sixty patients selected from the First Affiliated Hospital of Guangzhou University

of Chinese Medicine and recorded an eighty percent effective rate after one month of one treatment daily using VAS evaluation.

Apart from modern hospital and medical machine-dependent research, aspects of folk healing traditions have received attention throughout the Himalayan region. Throughout the Himalayan regions, many folk healing traditions are important in local healthcare, mostly related to the usage of local plant species.

Much attention has been given to local healing traditions in the west of the Himalayas, mainly focusing on healings assisted by knowledge of local plant species. Gupta et al. (1980) extensively explored Ladakh from ethnobotanical and phytochemical points of view, collecting some 800 plant species from different forest ranges, including about 250 medicinal plants used by tribal members, local inhabitants, and folk healers.

In the most western section of the Himalayas in Pakistan, Hamayun (2006) explored the local plants from an ethnobotanical perspective by collecting medical shrubs and trees and identifying their scientific terms. The research attested that 94 plant species were used for medicinal, timber, fuel, fodder, ornamental, agricultural tools, thatching, fencing, naming (folklore), and fruit-yielding purposes.

Three studies were undertaken in Himachal Pradesh from 2004-2011. Samal et al. (2004) researched indigenous healthcare system practices from the bio-resource conservation and socio-development development perspectives. After documenting and studying more than fifty healthcare practices, this research attributed soil erosion and plant extinction to population increases and the large-scale commercial use of bioresources. Interestingly, this study also revealed that females are custodians of the indigenous knowledge system, as fifty-two percent know thirty practices against twenty-six percent of males. Kanwar (2006) made trips to six villages in Kangra District to explore the applications of plants in treating various ailments. By identifying thirty-one plant species used by villagers, the knowledge of indigenous plants is vital for health development workers and local populations. Rawa (2011) specifically studied twenty-two medical plants for gynecological problems involving seventeen families. This study showed evidence

that plants used for gynecological problems are eco-friendly and cost-effective.

South of Himachal Pradesh in Uttarakhand, Tiwari et al. (2010) also explored the plant species by conducting interviews and identifying forty-one plant species of forty genera through field trips from 2006 to 2009. Local people have rich knowledge of using local plants. Namely, the forty plant species were used for food, fodder, medicine, and other purposes. The study also calls attention to developing an adequate strategy and action plan for conserving and managing habitats and species.

In the Mornaula Reserve Forest of Kumoun et al. (2010) observed and explored indigenous knowledge by collecting and identifying 337 local plants and their names from nine villages. These plants are used as medicine, edible food, fuel, fodder, timber, and fiber, and in agricultural and religious ceremonies.

South of the Himalayan region in Nepal, Kunwar and Bussmann (2008) conducted 264 studies focusing on ethnobotany, ethnomedicine, and diversity of medicinal and aromatic plants carried out between 1970 and 2006. Field trips were made to seven districts of west Nepal for cross-checking and verifying different plant species. It found as much as fifty-five percent of the flora from the study region had medicinal value. According to the research, the authors advocate that indigenous knowledge is culturally valued and scientifically important.

Medicinal plants in the east Himalayan regions have received some attention. Srivastave and Kapahi (1991) studied about 400 plant species of medicinal and aromatic values in the Sikkim Himalayas. It was concluded that people in this area see their local healing practice as practical. Acharyya and Sharma (2004) studied thirty-five medicinal plants from thirty-five genera in Assam. Interviews and recordings with ten healers were used for analysis. The research showed that most of the recipes are prepared with wild plants. Local people prefer folk medicine for its low cost and as part of their social life and culture. Kala (2005) investigated 158 medicinal plants used by the Apatani Tribe in Arunachal Pradesh, who cultivate wet-rice. Fifty-two types of ailments were cured by the 158 plant species distributed across seventy-three

families and 124 genera. It was concluded from the research that local people's strong dependence on nature had developed a rich knowledge system which ultimately is reflected in the forms of their traditional culture, religion, local belief, folklore, taboo language, and dialects.

The studies of the west and east of the Himalayas discussed above focus on traditional healing practices using knowledge of local plant species from an ethnobotanical point of view.

More importantly, two points should be noted for all the many publications and studies discussed. First, these studies have focused on modern medicine and the traditional utilization of locally grown plants and herbs in healing. The first is modern-hospital-based, and the latter is on natural villages and communities in the Himalayas. Second, these scholars do not note the aspect of spiritual curing involving spiritual healers. Healing practices involving chanting - practiced by Namuyi Tibetans - are yet to be explored.

Gurmet (2004) provided an introductory history note, theory, and practice of Tibetan *gso ba rig pa*, known as Amchi medicine, practiced in Ladhak, Himachal Pradesh, Arunachal Pradesh, Sikkim, and Tibetan settlements in other areas in India. According to the classical Tibetan medicine Textbook, *Rgyud bzhi*, animate and inanimate phenomena are composed of the five elements — earth, water, fire, wind, and space — due to the Karma of all living beings. Ignorance causes three basic roots of sickness - '*dod chags* 'desire/lust' is the root cause of *rlung* 'air', *zhe sdang* 'anger' is the root cause of *mkhris pa* 'bile', and *gti mug* 'mental darkness' is the root cause of *pad kan* 'phlegm'. Physicians and the behavior and conduct of physicians and patients are primarily based on these Buddhist principles. Therefore, a Buddhist tantra and mantra ritual plays a critical role in treating patients.

Himalayan communities invite spiritual healers for opinions and to cure ailments caused by supernatural entities. Spiritual healers play various roles - priests, social workers, friends, advisors, husbands, wives, etc. They are invited to perform rituals, but at the same time, they lead an everyday life engaged in daily life activities as other community members.

METHODOLOGY: OBSERVING AND DESCRIBING THE RITUAL

This paper is based on the author's local knowledge, recordings, and online video chat interviews. The foundation of this study is based on the author's local knowledge as a native Namuyi and a special relationship with the ritual healer - the main interviewee. The author is the interviewee's son and was raised in Dàshuǐ village. He witnessed and observed the procedure of breast-healing practices since childhood. In addition, three hours of recorded materials from the healer were made in the winters of 2018, 2019, and 2020.

Meanwhile, the author's younger sister visited and interviewed three patients (to avoid discomfort from discussions about the topic with a male interviewer) who received treatments from the healer in recent years in Dàshuǐ. According to the interview recordings, the ritual process, method, and experiences (personal accounts) of studying the ritual were written in Xīníng City, where the author currently works. In writing the paper, the author had regular video chats with the healer via WeChat when necessary.

According to observations, recordings, and interviews, the breast-healing ritual is described below in terms of background, the patient's symptoms, and the healer and her learning and practice experiences.

RITUAL BACKGROUND

Rituals in Namuyi communities fall into two categories, a secular form or a less complex version and a formal ritual form that involves laborious preparations. When the situation is not severe, the secular form could be done by anyone, either man or woman. In contrast, the formal one must be conducted by a $p^{h}a^{54}ts\text{ə}^{54}$ involving selecting an auspicious date, chanting mountain deity invitations, animal blood sacrifices, traditional religious tools (drums, cymbals, and *gtor ma*, and chanting. Some rituals require five to ten hours, and some, such as funerals, last one to two days with close relatives and villagers invited to help due to the amount of work.

Some secular ritual forms have no standard forms, and vice versa. For example, a secular *ka²¹jy²¹bu³⁴* ritual takes only about fifteen minutes. It is done for persistent dizziness and vomiting. However, if the symptoms persist for weeks and months, plus often dreaming of cats and dogs, a formal *ka²¹jy²¹pi²¹* ritual is conducted by a religious specialist. In contrast, certain formal rituals lack secular forms. For instance, there is only a formal ritual for either man or woman experiencing infertility. Complaints measured and understood in different levels of severity have two ritual forms. If illness symptoms are perceived from a comparative perspective, there are two comparative forms for secular and religious adherents.

The secular ritual forms fall into two categories, *bu³³* 'chanting loudly' and *sa²¹ŋa²¹* 'whispering chants' 'quiet ritual'. The first type of associated illnesses is believed to be caused by spirits or deities outside the patient's body, so chanting must be loud enough to appease them. The second type of ritual is for illnesses believed to be caused by energy from the patient's inner body. Therefore, the healer must whisper the healing chanting in front of the patient. The issues or illnesses associated with *sa²¹ŋa²¹* rituals are dust in the eyes, fishbones or sharp bits of wood stuck in the throat, burns or hot water scalds, and breast pain.

The term *sa²¹ŋa²¹* in Namuyi $k^ha^{21}t^ho^{21}$ is related to the Tibetan *gsang sngags* where *gsang* is 'secret' 'secret speech', and '*sngags* is 'to praise' 'to purify'. The term refers to 'tantra and tantric teaching and practices or Vajrayāna', a tempting but challenging practice of Tibetan Mahāyāna Buddhism involving a male and a female practitioner. This appealing surface level suggests that the Namuyi $k^ha^{21}t^ho^{21}$ '*sa²¹ŋa²¹*' is a borrowed word from Tibetan or influenced by Tibetan Buddhism.

An alternative linguistic possibility is 'sa²¹ŋa²¹', referring to 'to chant or to cure'. Separate meanings attached to 'ŋa²¹' are unknown, but 'sa²¹' refers to 'breath or air' corresponding to the Tibetan 'gsung' 'speech'. Of note is 'breath' in neighboring Nuòsū is 'so⁵⁴', distinguished by its vowels and tones. However, the author did not observe a related practice among Nuòsū communities. Namuyi $k^ha^{21}t^ho^{21}$ is currently understood as a high coda erosion

language and other Naic languages (Nàxī, Mósuō, Lìsù, Ěrsū, etc.; Jacques & Michaud, 2011). Consistently dropping the nasal /ŋ/ and alveolar /ɡ/ in Namuyi *kʰa²¹tʰo²¹ 'sa²¹ŋa²¹* might be evidence of coda erosion. The linguistic phenomenon and its related evidence challenge the idea that the term *sa²¹ŋa²¹* in Namuyi kʰa²¹tʰo²¹ is borrowed. Instead, it triggers questions about relations between Namuyi kʰa²¹tʰo²¹ and Tibetan and neighboring Nàxī and Mósuō languages.

THE *ȶU²¹ȶU²¹U⁵⁴* RITUAL

ȶu²¹ȶu²¹ fu⁵⁴ is a secular *sa²¹ŋa²¹* ritual form that does not require a religious specialist. It involves a female healer and a patient. A woman is preferred because the patient sits before the healer and exposes her breasts during the ritual. In contrast to the formal rituals, the *ȶu²¹ȶu²¹ fu⁵⁴* ritual does not require particular religious implements, an astrologically calculated date, or a specific setting or location. The most crucial part is that the patient must find a healer who knows the *sa²¹ŋa²¹* and related procedures. The ritual could be undertaken where the two meet.

ȶu²¹ȶu²¹ fu⁵⁴ is the only Namuyi ritual requiring a female performer. It is learned and practiced only by Namuyi Tibetan women. However, beneficiaries are not limited by cultural or ethnic boundaries. In Dàshuǐ 大水 Village, Namuyi and Nuòsū patients with swollen breast issues benefit from Namuyi Tibetan ritual performers. Nuòsū performers of the *ȶu²¹ȶu²¹ fu⁵⁴* ritual are unknown.

THE PATIENT AND SYMPTOMS

The *ȶu²¹ȶu²¹ fu⁵⁴* 'breast healing ritual' is performed when a woman experiences swollen breasts and pain during the breastfeeding period. Traditionally, Namuyi women marry between the ages of eighteen and thirty. The *ȶu²¹ȶu²¹ fu⁵⁴* ritual plays a significant role for these women in this age range.

According to a commentary on the Tibetan classical medical work *Gso rig rgyud bzhi'i 'grel chen drang srong zhal lung* (Khro

ru tshe rnam 2014:285-286), the human body is composed of five elements - earth, water, fire, wind, and space. Breast pain, termed *nu tshabs,* is one of ten illnesses caused by hot menstrual blood being forced into parts of the body by *rlung* 'wind' 'breath of the respiratory system' is explained as the result of irregular abruption of menstruation arrival. The ten body areas where menstrual blood may be concentrated are *glo ba* 'lungs', *snying* 'heart', *mchin pa* 'liver', *mtsher ma* 'spleen', *mkhris pa* 'gall bladder', *mkhal ma* 'kidneys', *rgyu ma* 'intestines', *'o ma* 'milk', *nu ma* 'breasts', and *khrag* 'blood'. Menstrual blood forced into veins may concentrate in any of the mentioned parts. Of which the breast area is one part. If menstrual blood concentrates in the breast area, women will then feel great pain in this area. The same book describes the symptom as *nu tshabs nu ma skrang shing zug gzer che* (Khro ru tshe rnam 2014:286) or 'the breasts become swollen with enormous pain due to disturbance of the menstrual blood'.

Interestingly, the understanding of the symptom of breast pain from a Tibetan medicine perspective resonates with the explanation of biomedicine study and explanation as 'mastalgia' (Antonio and Frederick, 2002; Griffith et al. (1987) in which breast pain is mainly understood as cyclical and triggered by disturbance of menstrual period blood.

THE METHOD: BREAST-BLOWING

The actual ritual of breast-blowing occurs where the patient locates the healer inside a house or outside at a random location and lasts approximately fifteen minutes. It involves only the healer and the patient. The method includes exposing the patient's breasts, whispering the tantra, and blowing on the breasts. The patient sits in front of the healer and exposes her breasts to receive the healing. First, the healer holds her right hand in a fist shape but leaves a moderate hollow space where she can whisper into. Next, she puts her fist (with a moderate hollow space) before her mouth. Then, she whispers the tantra into the hollow part of her right hand. After one round of whispering tantra, she blows on the patient's breasts three times with a little saliva. This procedure is repeated three times, at

which point the patient can cover her chest.

An alternative may be performed in the absence of the patient. If the patient has much breast pain and cannot come to the healer, the healer whispers into a cup (or another small container that is convenient to carry) of plain water. This cup of water is then given to the patient to drink. This is not considered as ineffective as when the patient is present.

The healer does not touch the patient. It is believed that healing power is transmitted from whispering the tantra through air energy created via blowing and saliva. Anyone may observe the entire ritual process. The most crucial part, the whispering of the chant, should not be heard to be effective. Observers may witness the healer blowing on the breasts and detect whispering but cannot hear the actual words. Keeping the healing technique secret is common in Himalayan healing traditions. In the healing process involving ritual and herbal medicines in the Himachal area of the northwestern Himalayas, 'Healers believe that the efficacy of the medicine is lost if its formulation is exposed to strangers' (Gupta 2014).

THE HEALER: mbzə̨^{33}mu^{34}

Traditionally, the n̥u^{21}n̥u^{21} fu^{54} ritual is generally performed by an elder woman in Dàshuǐ village, usually a woman who has given birth to children without any modern education background. mbzə̨^{33}mu^{34}, female, b. 1943, the author's mother was born in ka^{21}p^{h}æ^{21}tu^{21} Village until she married at about eighteen, near Dàshuǐ Village, where she lives now. She attended a local primary school for two years. She confided, "My parents didn't permit me to attend school, so I told them that I was going to work in the field, then I hid my mattock behind a grave and went to register. Later, they allowed me to continue when they learned what I was doing." Apart from Namuyi k^{h}a^{21}ʈ^{h}o^{21}, she is fluent in Nuòsū. She communicates well with Chinese businesspeople who come to the village and in Lǐzhōu town but lacks confidence when speaking with people speaking Chinese in other Chinese varieties.

In the 2021 summer holiday, the author interviewed

mbzə̨^{33}mu^{34} at her home in Dàshuǐ. She described her experiences of learning and reciting the ritual words:

Account One

I learned *ɳu^{21}ɳu^{21} fu^{54}* from my father when I was seventeen or eighteen. He knew many *sa^{21}ŋa^{21}* about healing and, at that time, was about sixty. He makes corn liquor by himself and, every night, enjoys a cup of the liquor he made while sitting by the hearth. It makes him feel good and relaxed from the day's hard labor. He was very clear-minded and not drunk. I learned all kinds of *sa^{21}ŋa^{21}* during those years with my elder sister under my father's encouragement. We simply sat around the hearth under the dim light of pine resin burning and repeated after my father. We first repeated and memorized word by word, then gradually, sentence by sentence. We didn't have a cell phone like you do today to record it simultaneously. We had to remember it word by word and sentence by sentence slowly for years.

My elder sister was upset because she could not memorize as fast as I could. She learned some at the beginning, but later she gave it up. I got more encouraged because my elder sister gave up due to bad memory. I learned successfully and started healing problems when I was about twenty or maybe twenty-one. I cannot remember now.

My father continually reminds us, "Who will solve these problems after I die?" We would spend the night with my father around the hearth whenever we didn't have to grind corn into meal with a hand mill. In those times, we did not have machines like nowadays. We girls would have to grind corn or beans every two or three days to feed family members and pigs.

According to her memory, apart from the ritual for swollen breasts, she also learned other oral chants to deal with daily problems. Currently, the secular ritual chanting that knows and practices are for fish bones stuck in the throat or tiny sharp wooden thorns eaten and swallowed accidentally, swollen tumor or *ɳa^{21}bu^{34}* 'inflammation', and burned or scalded skin. When asked about past examples of healing women's breasts, mbzə̨^{33}mu^{34} provided the following two accounts:

Account Two

About twenty years ago, I remember healing Koko's swollen breast. She was dying from the pain. She lived just right across the other side of the river, and it took about half an hour to walk there. It was the time of roosters crowing, and I was still in bed. Her mother's fierce calling at our gate woke me from my dream. I dressed and found her mother standing at our door entrance with a burning torch in her right hand. She said, "Please come and blow on my daughter's breasts. She couldn't sleep all last night. I already borrowed a horse from ɡu^{21}ɕy^{34}, my neighbor. If your treatment doesn't work, we will have to take her to a hospital in o^{54}ndro^{541}," She was anxious and could not stop talking. We walked on the ridge between the terrace fields under the dim light of a dry rice straw torch and arrived at her place after about twenty minutes.

I heard Koko groaning in pain as we entered the house. She was lying in bed with a quilt under her back and could not stop groaning. "She was in pain since after dinner last night and got worse after midnight," Koko's mother explained, sitting by her daughter. Her father was preparing to put her on a horse and head to the hospital right after my treatment. I told her mother to expose her breasts and started chanting and blowing on both her breasts. It was done quickly, and as soon as I finished, her mother covered her breasts with a quilt. After talking to her mother, Koko was deeply asleep after a few minutes. Her father waited, thinking of going to the hospital after Koko woke up. She woke up and recovered after about an hour. Their anxiety was relieved, and they returned the horse to the ɡu^{21}ɕy^{34} family that morning.

Account Three

Different women have different experiences. Some recover after one round of treatment, whereas some recover after two or three rounds. The most recent case I remember is the wife of our neighbor Hǎinǎi Niúniú. She had breast pain three years ago. She visited me only twice, and I was expecting a third visit, but not long after, she told me that her breasts had recovered. Since then, they have been very nice to me. The couple came to help me harvest corn and transplant rice in the past few years. Every time they come, they say, 'Odzu Ama cured my illness[2]!' Ha, ha, ha... This year, I guess I also need their help in harvesting corn.

Regarding efficacy, mbʐə^{33}mu^{34} declares all the patients she has

[1] o^{54}ndro^{54} refers to Xīchāng City.

[2] *Odzu* refers to 'Tibetan' and *ama* refers to women over fifty.

consulted were cured by her ritual. She doesn't remember a single case where the ritual didn't work.

RITUAL CHANTING

The chanting is only supposed to be whispered by the healer quietly. It is believed that the chanting will not be efficacious if the patients and others hear it. The chanting itself is only about three minutes. However, the preparation takes approximately fifteen minutes for whisper chanting, blowing on the breasts three times after each complete chant, and three repetitions of the same process. The author transcribed mbzə^{33}mu^{34}'s chanting into IPA from an iPhone 8 audio recording. The healer reluctantly agreed to chant loudly for recording since she believes the chanting should be kept secret except when training new disciples.

Two points should be made about the chanting. Firstly, the actual meanings of these chants are unknown. The healer never asked about the meaning of the chanting words. Patients also do not ask questions, but they do care about the efficacy of the ritual. The patients consider the meanings of these sounds to have mystic qualities and that it is inappropriate to question them. Secondly, a clear history of the chanting ritual is also unknown to the healer and the local people. The healer is also not taught the meanings of these chanting words, recites the chants, and performs the ritual for patients.

A corresponding helpful instance might be the chanting phenomenon in Buddhism. Tibetan monks traditionally play a crucial role in people's daily life. They are often invited to healing occasions to chant related chanting. Buddhists believe chanting the six-syllable mantra, *Om Mani Pademe Hum*, by ordinary people has healing power. It calls upon the Medicine Buddha, who blesses medicines and produces healing effects.

RESULTS AND DISCUSSION

All three patients in Dàshuǐ Village responded positively and were grateful that their issues were solved, corresponding to the healer's memories. While being interviewed, the healer indicated that she does not remember any patients who came for treatments that were not healed after performing the ritual. She further explained that most patients were healed in one visit, although some required two or three visits.

The concept of disease and treatment, life and death in various traditions and cultures is as varied as their cultures. Modern science is based on theories and principles, while indigenous knowledge systems rely on values, beliefs, and customs. According to Western thought, the body is considered a complex machine that must be kept "geared-up" and sickness is taken to be the breakdown of the machine. This differs from Eastern thinking, in which health is considered a balance between the physical, social, and supernatural environments. Biomedicine is based on the "body-as-machine" metaphor, which has formed the basis of biomedicine medicine.

In contrast, performing complex rituals accompanied by chanting is based on the belief that the human body is closely interconnected with an invisible metaphysical world or world of supernatural beings and gods. Despite various religions and cultures, the power of ritual healing is frequently attributed to certain forms of supernatural beings or mythical healing deities. For instance, Asklepian is the ancient Greek God of healing, Ah Kin is the Sun God who is prayed to at sunrise and invoked to cure disease, Ebisu is the Japanese God of medicine and good health, and Lǚ Dòngbīn is a historical figure and a deity revered by many Chinese Taoists to maintain health (Gupta et al., 2014). However, the source of the healing power is not identifiable with the practitioners and individuals in the cultures above.

International studies suggest that it is easier for women to recover and restore body energy from postpartum issues if they have strong cultural healing traditions. Various studies have described traditional beliefs and practices surrounding

childbearing and effective traditional prenatal and postpartum practices (Raven et al. 2007). Women who observe cultural traditions and have strong gendered kin support express fewer symptoms of postpartum depression, quickly restore bodily energy and experience a healthy life with their newborns.

The breast healing ritual in Dàshuǐ Village serves a similar purpose and affects local women's breastfeeding. It is practical and straightforward, considering aspects of various abovementioned treatments, i.e., Biomedicine treatments and acupuncture massage. The breast healing ritual has advantages in the time required, process, location, and efficacy. Regarding the length of treatment, biomedicine medicine treatment of breast pain may require more than a year. In contrast, treatment with Chinese traditional medicine in a combination of Biomedicine science involving herbal medicine and acupuncture massage generally requires at least one month. The Namuyi Tibetan breast ritual takes approximately fifteen minutes per treatment. Some women were healed after one session with the healer, while others required two or three sessions.

In terms of process and treatment location, modern medicine and traditional Chinese acupuncture and massage require more procedures in a professional hospital or a clinic where both require an interview, check-ups (e.g., blood tests), drug prescriptions, etc. The Namuyi Tibetan ritual simply involves a patient and a healer at a location wherever they meet.

The research above suggests that biomedical treatments have difficulties reaching one hundred percent effectiveness regarding efficacy. Chinese traditional treatments seem to have a relatively higher rate. The Namuyi healer reported no case that a patient was not healed by rituals she conducted.

Cost is another important consideration in determining treatment behavior. The Namuyi breast ritual does not require specific payments, though patients commonly buy a bottle of liquor or offer one or two days of free labor (crop harvest, rice transplanting, weeding, etc.) to express gratitude.

CONCLUSION

The breast-healing ritual is a component of the Namuyi Tibetan culture system that includes, among others, religion, customs, folklore, and oral history. It has been practiced, evolved, and inherited over multiple generations as a system. Similar to many other aboriginal societies, as Gupta (2014:137) puts it:

> Traditional wisdom evolved from close interdependence between the knowledge and geographical and social-cultural milieu of aboriginal societies and its oral propagation. Rules regarding its privacy and inviolability governed the management of these systems. Maintaining good health by employing folk therapeutic procedures and utilizing herbs is as old as the history of humanity. Traditional health care systems have evolved even much before the development of modern medicine...

Traditional knowledge is embedded in experience and observation and often hidden in folklore, oral tradition, myths, legends, ceremonies, and songs. Such knowledge often lacks scientific credentials and may be ignored, stressing the need to document and preserve continuing use for humankind's betterment. Safeguarding traditional knowledge and its cultural and ecological resource base is crucial in globalization's full-throated demands and the ever-increasing demand for natural resources. Constant changes in the economy, therapy, technology, and medical insurance provided by the government influence how communities view, seek, and respond to medical care.

With an increasing number of Namuyi leaving the village for higher incomes in tandem with China's Nine-year Education Policy, only a handful of elders remain in the village caring for children and family members. Most prefer consulting modern science for solutions to solving daily ailments rather than inviting traditional community healers.

Finally, can modern Biomedical and traditional healing scientists and scholars integrate the two, creating a holistic body of knowledge for disease and ailment treatment within the realm of modern biomedical notions, and if so, how?

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PHOTOGRAPHS

1. The west of Dàshuǐ Village (13 March 2013, Li Jianfu).

2. The south of Dàshuǐ Village (22 March 2013, Li Jianfu).

3. The healer, mbzᵽ³³mu³⁴, with rice seedling beds in the north of Dàshuǐ Village (13 March 2013).

4. mbzɐ̯^{33}mu^{34} casts rice seed (13 March 2013, Li Jianfu).

TIBETAN TERMS

'dod chags འདོད་ཆགས།
'saŋ, gsung གསུང་།
glo ba གློ་བ།
gsang sngags གསང་སྔགས
gso rig rgyud bzhi'i 'grel chen
གསོ་རིག་རྒྱུད་བཞིའི་འགྲེལ་ཆེན
gso ba rig pa གསོ་བ་རིག་པ།
gti mug གཏི་མུག
gtor ma གཏོར་མ།
khrag ཁྲག
khro ru tshe rnam ཁྲོ་རུ་ཚེ་རྣམ།
Mahāyāna མཧཱཡཱན, theg pa chen
po ཐེག་པ་ཆེན་པོ།
mchin pa མཆིན་པ།
mkhal ma མཁལ་མ།
mkhris pa མཁྲིས་པ།
mtsher ma མཚེར་མ།
nu ma ནུ་མ།
nu tshabs ནུ་ཚབས།
o ma འོ་མ།
oM ma Ni pad+me hUM
ཨོཾ་མ་ཎི་པདྨེ་ཧཱུྃ།
pad kan བད་ཀན།
rgyu ma རྒྱུ་མ།
rgyud bzhi རྒྱུད་བཞི།
rlung ཟློང་།
skrang སྐྲངས།
snying སྙིང་།
spyan ras gzigs སྤྱན་རས་གཟིགས
Vajrayāna ཝཛྲཡཱན, rdo rje theg
pa རྡོ་རྗེ་ཐེག་པ
zhe sdang ཞེ་སྡང་།
zug gzer che ཟུག་གཟེར་ཆེ།

CHINESE TERMS

Chén Chángxiá 陈常霞
Dàshuǐ 大水
Ěrsū 尔苏
Gǔtāo 古涛
Hǎinǎi Niúniú 海乃牛牛
Hàn 汉
Huángqiǎo 黄巧
Jiǔlóng 九龙
Lí Jiànfù 李建富
Lǐ Jūnmǐn 李君敏
Lìsù 傈僳
Lǐzhōu 礼州
Lǔ Dòngbīn 吕洞宾
méi yǒu 没有
Miǎnníng 冕宁
míxìn 迷信
Mósuō 摩梭
Mùlǐ 木里
Nàmùyī 纳木依
Nàxī 纳西
Nuòsū 诺苏
Qīnghǎi 青海
Qīnghǎi Normal University, Qīnghǎi Shīfàn Dàxué 青海师范大学
Sìchuān 四川
shàng xué 上学
Sūn Hóngkāi 孙宏开
Wáng Déhé 王德和
wén huà 文化
wǒ 我
Xīchāng 西昌
xìnhào gōng 信号工
Xīníng 西宁
Yèjìng Zhūmù 叶静珠穆
Zhào Lìmíng 赵丽明
Zhào Wěixuán 赵玮璇
Zhū Wèipíng 朱卫平